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PTO/SB/01 (12-97)

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing **OR** Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	
First Named Inventor	Yoshio YOSHIDA
COMPLETE IF KNOWN	
Application Number	/
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

INKJET RECORDING MEDIUM

the specification of which

(Title of the Invention)

is attached hereto

OR

was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number _____ and was amended on (MM/DD/YYYY) _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
2003-094211	JAPAN	03/31/2003	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2003-274545	JAPAN	07/15/2003	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2003-339530	JAPAN	09/30/2003	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2004-023061	JAPAN	01/30/2004	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2004-086338	JAPAN	03/24/2004	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

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Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)				
PCT/JP2004/004437	03/29/2004					
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.						
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: <input type="checkbox"/> Customer Number <input style="width: 100px; border: 1px solid black;" type="text"/> → <input type="checkbox"/> Place Customer Number Bar Code Label here OR <input checked="" type="checkbox"/> Registered practitioner(s) name/registration number listed below						
Name	Registration Number	Name	Registration Number			
Gary C. Cohn	30,456					
<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.						
Direct all correspondence to: <input type="checkbox"/> Customer Number <input style="width: 100px; border: 1px solid black;" type="text"/> OR <input checked="" type="checkbox"/> Correspondence address below						
Name	Gary C. Cohn					
Address	Gary C. Cohn PLLC					
Address	4010 Lake Washington Boulevard NE, Suite 105					
City	Kirkland	State	WA			
Country	US	Telephone	(425) 576-1656			
		Fax	(425) 576-1756			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle if any)		Family Name or Surname				
Yoshio		YOSHIDA				
Inventor's Signature				Date	Dec 24, 2004	
Residence: City	Tokyo	JPX	State	Country	Japan	
Post Office Address	c/o Research Laboratory of Product, Nippon Paper Industries Co.,Ltd.					
Post Office Address	21-1, Ohji 5-chome, Kita-ku					
City	Tokyo	State	ZIP	114-0002	Country	Japan
<input type="checkbox"/> Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto						

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DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
<u>200</u> <u>Shoichi</u>				<u>ENDO</u>				
Inventor's Signature	<u>Shoichi Endo</u>						Date	<u>Jan. 5, 2005</u>
Residence: City	<u>Tokyo</u>	<u>JPX</u>	State	Country	Japan	Citizenship	Japan	
Post Office Address	c/o Research Laboratory of Product, Nippon Paper Industries Co.,Ltd.							
Post Office Address	21-1, Ohji 5-chome, Kita-ku							
City	Tokyo	State	Japan	ZIP	114-0002	Country	Japan	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
<u>300</u> <u>Masanori</u>				<u>KAWASHIMA</u>				
Inventor's Signature	<u>Masanori Kawashima</u>						Date	<u>Dec. 24, 2004</u>
Residence: City	<u>Tokyo</u>	<u>JPX</u>	State	Country	Japan	Citizenship	Japan	
Post Office Address	c/o Research Laboratory of Product, Nippon Paper Industries Co.,Ltd.							
Post Office Address	21-1, Ohji 5-chome, Kita-ku							
City	Tokyo	State		ZIP	114-0002	Country	Japan	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
<u>400</u> <u>Susumu</u>				<u>HAGISAWA</u>				
Inventor's Signature	<u>Susumu Hagisawa</u>						Date	<u>Dec. 27, 2004</u>
Residence: City	<u>Tokyo</u>	<u>JPX</u>	State	Country	Japan	Citizenship	Japan	
Post Office Address	c/o Research Laboratory of Product, Nippon Paper Industries Co.,Ltd.							
Post Office Address	21-1, Ohji 5-chome, Kita-ku							
City	Tokyo	State	Japan	ZIP	114-0002	Country	Japan	

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DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>2</u> of <u>3</u>			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
<u>700</u> <u>Takayuki</u>				<u>FUJIMOTO</u>			
Inventor's Signature	<u>Takayuki Fujimoto</u>				Date	Dec. 24, 2004	
Residence: City	<u>Tokyo</u>	JPY	State	Country	Japan	Citizenship	Japan
Post Office Address	c/o Research Laboratory of Product, Nippon Paper Industries Co.,Ltd.						
Post Office Address	21-1, Ohji 5-chome, Kita-ku						
City	Tokyo	State	Japan	ZIP	114-0002	Country	Japan
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
<u>700</u> <u>Masaya</u>				<u>TOSAKA</u>			
Inventor's Signature	<u>Masaya Tosaka</u>				Date	Dec. 24, 2004	
Residence: City	<u>Tokyo</u>	JPY	State	Country	Japan	Citizenship	Japan
Post Office Address	c/o Research Laboratory of Product, Nippon Paper Industries Co.,Ltd.						
Post Office Address	21-1, Ohji 5-chome, Kita-ku						
City	Tokyo	State		ZIP	114-0002	Country	Japan
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
<u>700</u> <u>Yuu</u>				<u>SUZUKI</u>			
Inventor's Signature	<u>Yuu Suzuki</u>				Date	Dec. 24, 2004	
Residence: City	<u>Tokyo</u>	JPY	State	Country	Japan	Citizenship	Japan
Post Office Address	c/o Research Laboratory of Product, Nippon Paper Industries Co.,Ltd.						
Post Office Address	21-1, Ohji 5-chome, Kita-ku						
City	Tokyo	State	Japan	ZIP	114-0002	Country	Japan

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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
<u>800</u> <u>Kaoru</u>				<u>HAMADA</u>			
Inventor's Signature	<u>Kaoru Hamada</u>						Date
Residence: City	Tokyo	JPX	State	Country	Japan	Citizenship	Japan
Post Office Address	c/o Research Laboratory of Product, Nippon Paper Industries Co.,Ltd.						
Post Office Address	21-1, Ohji 5-chome, Kita-ku						
City	Tokyo	State	Japan	ZIP	114-0002	Country	Japan
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Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature							Date
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature							Date
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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